



## TEXAS DEPARTMENT OF HEALTH Application For Employment Instructions

*Your interest in joining the Texas Department of Health (TDH) Team is appreciated. TDH seeks individuals who possess a superior work ethic, contribute to the team, focus on customer needs, produce quality work, value diversity and exercise personal responsibility.*

### To apply for positions with TDH:

1. Before completing your application, carefully review the Position Description (Form AP-71) for the job in which you are interested.
2. Provide detailed information in the "Employment History" section of your application. Identify experience that is related to the duties of the specific position for which you are applying.
3. Complete a separate application packet for each position for which you are applying. This includes the State of Texas Application for Employment (Form AP-8); Veteran's Status Reporting Form (Form AP-8B); and EEO Data Form (Form AP-8C). Include the posting number and job title on each application. Sign and date the application.
4. Submit the completed application to the Health and Human Services Job Center or the TDH Human Resources Office where the position is located (see the back of this page for location information). **To be considered, your application must be received on or before the closing date of the posting.**
5. If you fax your application, please follow up with a call to ensure the document was received. If you email your application, please request an acknowledgement of receipt.
6. A resume/curriculum vitae can be attached, but should not be submitted in lieu of a State of Texas Application for Employment. Application forms as stated above need to be completed when applying for a position.

### Those who join our TDH TEAM:

- Will be informed if documentation related to education, license(s), registration(s), certification(s) or veteran's preference is required. An offer of employment is contingent upon receipt of required documentation. NOTE: TDH only recognizes educational credits from an accredited college/university. A degree or course work from a foreign university must be evaluated by an acceptable educational credential evaluator.
- Will be required to provide documents that verify identity and employment eligibility on the first day of employment. This requirement is in compliance with the Immigration Reform and Control Act of 1986.
- Will be required to provide documentation regarding Selective Service registration or exemption from such registration **if you are a male age 18 through 25**. This must be provided on the first day of employment.

### For additional Information:

- Call or stop by the Health and Human Services Job Center (HHS Job Center) located in Austin or any TDH Human Resources Office.
- Call (512) 458-7795, toll-free 1-888-610-JOBS, or TDD (512) 458-7714.
- Visit the HHS Job Center website at <http://jobs.hhsc.state.tx.us/> or the TDH website at <http://www.tdh.state.tx.us/bhr>
- Review the Governor's Job Bank at <http://www.twc.state.tx.us/jobs/gvjb/gvjb.html> or call (512) 463-1792 for information.
- Application forms are available at <http://www.tdh.state.tx.us/bhr/appform.htm> and at <http://www.tdh.state.tx.us/bhr> (select "Personnel Manual" and then "List of Personnel Forms"). You can also request a diskette containing blank application documents from the HHS Job Center or any TDH Human Resources Office.

If requested, reasonable accommodations will be made for persons with disabilities during both the application process and the interview/selection process in accordance with the Americans with Disabilities Act (ADA) of 1990.

**TDH IS AN EEO/ADA EMPLOYER  
TOBACCO USE IS PROHIBITED ON TDH PROPERTY**

## TEXAS DEPARTMENT OF HEALTH

**For assistance or information, please contact any of our Human Resources Offices.**

<b>POSTING NUMBERS</b>	<b>HUMAN RESOURCES OFFICE ADDRESS</b>	<b>TELEPHONE NUMBER</b>
02-TDH-####*	Central Office – turn in applications to the Health and Human Services Job Center (HHS Job Center) 1100 West 49th Street, Suite M-143 Austin, TX 78756-3185 (Office Hours: Monday-Friday, 7:00 am – 6:00 pm) <b>(Application Drop Box at HHS Job Center Entrance)</b>	(512) 458-7795 (512) 458-7714 (TDD) (512) 458-7409 (FAX)
02-R01-####	Public Health Region 1 1109 Kemper Lubbock, TX 79403-2523	(806) 744-3577 (806) 741-1366 (FAX)
02-R03-####	Public Health Region 2/3 1301 South Bowen Road, Suite 200 Arlington, TX 76013	(817) 264-4510 (817) 264-4516 (FAX)
02-R04-####	Public Health Region 4/5 North 1517 W. Front Street Tyler, TX 75702	(903) 595-3585 (903) 533-5340 (FAX)
02-R06-####	Public Health Region 6/5 South 5425 Polk Ave, Suite J Houston, TX 77023-1497	(713) 767-3000 (713) 767-3006 (FAX)
02-R07-####	Public Health Region 7 2408 S. 37th Street Temple, TX 76504	(254) 778-6744 (254) 771-5822 (FAX)
02-R08-####	Public Health Region 8 7430 Louis Pasteur San Antonio, TX 78229	(210) 949-2100 (210) 949-2101 (FAX) (210) 949-2111 (Job Line)
02-R09-#### 02-R10-####	Public Health Region 9/10 401 E. Franklin, Suite 210 El Paso, TX 79901 <b>Mailing:</b> P.O. Box 9428 El Paso, TX 79995-9428	(915) 834-7747 (915) 834-7801 (FAX)
02-R11-####	Public Health Region 11 601 W. Sesame Drive Harlingen, TX 78550	(956) 423-0130 (956) 444-3299 (FAX)
02-HST-####	South Texas Health Care System 1301 Rangerville Rd Harlingen, TX 78550 <b>Mailing:</b> P.O. Box 592, Harlingen, TX 78551	(956) 423-3420 (956) 444-3304 (956) 425-8319 (FAX)
02-HSA-####	Texas Center for Infectious Disease 2303 S.E. Military Dr San Antonio, TX 78223-3597	(210) 534-8857, ext. 2256 (210) 531-4579 (210) 531-4504 (FAX)

\*Posting numbers indicate the fiscal year (i.e., 02), Human Resources Office indicator (i.e., TDH), and a sequence number (####).

# APPLICANT EEO DATA FORM

The information requested is optional and being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

1. Job Posting Number		2. Social Security No.		3. Last Name (Type or Print)      First      Middle				
4. Address			City		State	ZIP Code	5. Home Phone (    )    (    )	6. Work Phone (    )    (    )
7. Sex <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female		8. Birth Date		9. Ethnic Origin (Check mark preferred) <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> W-White   <input type="checkbox"/> B-Black   <input type="checkbox"/> H-Hispanic   <input type="checkbox"/> P-Islander   <input type="checkbox"/> I-Alaskan   <input type="checkbox"/> O-Other</span> <span>Asian/Pac.   Am.Ind/</span> </div>				
10. Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No				11. Spouse of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No			12. Orphan of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. How did you find out about this job? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> 01 - Other State Employee</div> <div style="width: 33%;"><input type="checkbox"/> 06 - Newspaper _____ <span style="font-size: x-small; text-align: center;">Name of Newspaper</span></div> <div style="width: 33%;"><input type="checkbox"/> 11 - Texas Workforce Comm./ Hire Texas</div> <div style="width: 33%;"><input type="checkbox"/> 02 - Job Fair</div> <div style="width: 33%;"><input type="checkbox"/> 07 - College / University Career Day</div> <div style="width: 33%;"><input type="checkbox"/> 12 - Other (specify): _____</div> <div style="width: 33%;"><input type="checkbox"/> 03 - Professional Publication</div> <div style="width: 33%;"><input type="checkbox"/> 08 - Human Resource / Personnel Office</div> <div style="width: 33%;"><input type="checkbox"/> 04 - Recruitment Poster</div> <div style="width: 33%;"><input type="checkbox"/> 09 - Radio</div> <div style="width: 33%;"><input type="checkbox"/> 05 - Television</div> <div style="width: 33%;"><input type="checkbox"/> 10 - Agency Web Site-Internet</div> </div>								

  X  

\_\_\_\_\_  
Signature – Applicant

\_\_\_\_\_  
Date

**White (Not of Hispanic Origin)** – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black (Not of Hispanic Origin)** – All persons having origins in any of the black racial groups of Africa.

**Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

**American Indian or Alaskan Native** - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**AN EQUAL OPPORTUNITY EMPLOYER**



# THE STATE OF TEXAS APPLICATION FOR EMPLOYMENT

For State Agency Use Only

Job Applicant No. \_\_\_\_\_

**PRINT IN BLACK INK OR TYPE.** These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed. The State of Texas is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but **each copy must be signed. Resumes will not be accepted in lieu of applications,** unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure.

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Section 522.021, 522.023 and 559.004.)

NAME \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Last) (First) (Middle)

MAILING ADDRESS \_\_\_\_\_ AC ( ) \_\_\_\_\_  
(Street) (City) (State) (ZIP) (Country) Home Phone

E-MAIL \_\_\_\_\_  
List any other names used if different from name on this application. \_\_\_\_\_ AC ( ) \_\_\_\_\_  
(Work Phone, Optional)

List exact title of position or type of work and location for which you wish to apply:	Job Posting Number	Closing Date
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List the state agency with which you wish to apply:	Do you have any relatives working for this agency? If so, list names and relationships:
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Full-Time ☐ Part-Time ☐ Summer ☐ Temp/Project ☐ Date available for work? \_\_\_\_\_

Are you willing to work hours other than 8-5? Yes ☐ No ☐

What days are you unable to work? \_\_\_\_\_

Are you willing to Travel? Yes ☐ No ☐ If yes, what percent of time? \_\_\_\_\_

Current Driver's License # (if required for position) \_\_\_\_\_ Commercial Driver's License Yes ☐ No ☐  
(State) (Number)

Are you at least 17 years of age? Yes ☐ No ☐

Geographic preference. (Be specific to city/area. If no preference, write "statewide.") \_\_\_\_\_

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes ☐ No ☐ If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors.

## EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate from high school or receive GED? Yes ☐ No ☐

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo	Yr.	Mo	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical, Vocational, or Business Schools										

Date Received \_\_\_\_\_ Time Received \_\_\_\_\_ Received by \_\_\_\_\_

E-133 (0500) Inv. No. 550950

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AN EQUAL OPPORTUNITY EMPLOYER

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE / CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by / Location of issuing authority (State or other authority) (City & State)	License No.

**Special Training/Skills/Qualifications:** List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Approximately how many words per minute do you type? \_\_\_\_\_

Sign Language (If required for this position) Yes ☐ No ☐ Are you a certified interpreter? Yes ☐ No ☐

Do you speak a language other than English? (If required for this position) Yes ☐ No ☐  
If yes, what language(s) do you speak? \_\_\_\_\_ How fluently? Fair ☐ Good ☐ Excellent ☐

Do you write in a language other than English? (If required for this position) Yes ☐ No ☐  
If yes, which language(s) \_\_\_\_\_

Have you ever been employed by the State of Texas? Yes ☐ No ☐ Are you currently employed by the State of Texas? Yes ☐ No ☐

If you have been previously employed by the State of Texas, list the agency/agencies: \_\_\_\_\_

**MILITARY SERVICE** (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? Yes ☐ No ☐ If yes, list type of discharge status \_\_\_\_\_

Dates of Service (From/To): \_\_\_\_\_

Are you a surviving spouse of a veteran? Yes ☐ No ☐ Are you a surviving orphan of a veteran? Yes ☐ No ☐

If yes, complete dates of service for veteran (From/To): \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR  
UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that the State of Texas requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
4. I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

**THIS APPLICATION MUST BE SIGNED** SIGN  
HERE: \_\_\_\_\_  
Signature – Applicant Date

## EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first.
2. Employment history should include **each position** held, even those with the same employer.
3. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
4. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
5. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

**Name:**

Last	First	Middle	Social Security No.
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Position Title:							Immediate Supervisor Name:		Full-Time	<input type="checkbox"/>
Employer:									Part-Time	<input type="checkbox"/>
Mailing Address:							Title:		Summer	<input type="checkbox"/>
City & State/ZIP:									Temp/Project	<input type="checkbox"/>
Employer's Telephone No.: AC (      )							Supervisor's Telephone No.:		Give average #	
Starting Date			Leaving Date			Current/	Technical	<input type="checkbox"/>	AC (      )	
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-managerial	<input type="checkbox"/>	If supervisory, number of employees you	
						\$	Supervisory/Managerial	<input type="checkbox"/>	supervised:	
Summary of experience:										
<p>Specific reason for leaving:</p>										

Position Title:							Immediate Supervisor Name:		Full-Time	<input type="checkbox"/>
Employer:							Title:		Part-Time	<input type="checkbox"/>
Mailing Address:									Summer	<input type="checkbox"/>
City & State/ZIP:									Temp/Project	<input type="checkbox"/>
Employer's Telephone No.: AC (    )							Supervisor's Telephone No.:		Give average #	
Starting Date			Leaving Date			Current/	Technical	AC (    )		of hours worked per week if part-time:
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-managerial	If supervisory, number of employees you supervised:		
						\$	Supervisory/Managerial			
Summary of experience:										
<p>Specific reason for leaving:</p>										

Position Title:							Immediate Supervisor Name:		Full-Time <input type="checkbox"/>
Employer:							Title:		Part-Time <input type="checkbox"/>
Mailing Address:									Summer <input type="checkbox"/>
City & State/ZIP:									Temp/Project <input type="checkbox"/>
Employer's Telephone No.: AC (     )							Supervisor's Telephone No.:		Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/>	AC (     ) If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-managerial <input type="checkbox"/>		
						\$	Supervisory/Managerial <input type="checkbox"/>		
Summary of experience:									
<p><b>Specific reason for leaving:</b></p>									

Position Title:							Immediate Supervisor Name:		Full-Time <input type="checkbox"/>
Employer:							Title:		Part-Time <input type="checkbox"/>
Mailing Address:									Summer <input type="checkbox"/>
City & State/ZIP:									Temp/Project <input type="checkbox"/>
Employer's Telephone No.: AC (     )							Supervisor's Telephone No.:		Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/>	AC (     ) If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-managerial <input type="checkbox"/>		
						\$	Supervisory/Managerial <input type="checkbox"/>		
Summary of experience:									
<p><b>Specific reason for leaving:</b></p>									

Position Title:							Immediate Supervisor Name:		Full-Time <input type="checkbox"/>
Employer:							Title:		Part-Time <input type="checkbox"/>
Mailing Address:									Summer <input type="checkbox"/>
City & State/ZIP:									Temp/Project <input type="checkbox"/>
Employer's Telephone No.: AC (     )							Supervisor's Telephone No.:		Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/>	AC (     ) If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-managerial <input type="checkbox"/>		
						\$	Supervisory/Managerial <input type="checkbox"/>		
Summary of experience:									
<p><b>Specific reason for leaving:</b></p>									

# EMPLOYMENT HISTORY CONTINUATION SHEET

If you need additional space to adequately describe your employment history, you may use this continued employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name \_\_\_\_\_  
 Last Name First Name Middle Name Social Security No.

Position Title:						Immediate Supervisor Name:		Full-Time <input type="checkbox"/>
Employer:						Title:		Part-Time <input type="checkbox"/>
Mailing Address:						Supervisor's Telephone No.:		Summer <input type="checkbox"/>
City & State/ZIP:						AC ( )		Temp/Project <input type="checkbox"/>
Employer's Telephone No.: AC ( )						Give average #		
Starting Date			Leaving Date			Current/	Technical <input type="checkbox"/>	of hours worked per
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-managerial <input type="checkbox"/>	week if part-time:
						\$	Supervisory/Managerial <input type="checkbox"/>	
						If supervisory, number of employees you supervised:		

Summary of experience:

Specific reason for leaving:

Position Title:						Immediate Supervisor Name:		Full-Time <input type="checkbox"/>
Employer:						Title:		Part-Time <input type="checkbox"/>
Mailing Address:						Supervisor's Telephone No.:		Summer <input type="checkbox"/>
City & State/ZIP:						AC ( )		Temp/Project <input type="checkbox"/>
Employer's Telephone No.: AC ( )						Give average #		
Starting Date			Leaving Date			Current/	Technical <input type="checkbox"/>	of hours worked per
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-managerial <input type="checkbox"/>	week if part-time:
						\$	Supervisory/Managerial <input type="checkbox"/>	
						If supervisory, number of employees you supervised:		

Summary of experience:

Specific reason for leaving:

Position Title:						Immediate Supervisor Name:		Full-Time <input type="checkbox"/>
Employer:						Title:		Part-Time <input type="checkbox"/>
Mailing Address:						Supervisor's Telephone No.:		Summer <input type="checkbox"/>
City & State/ZIP:						AC ( )		Temp/Project <input type="checkbox"/>
Employer's Telephone No.: AC ( )						Give average #		
Starting Date			Leaving Date			Current/	Technical <input type="checkbox"/>	of hours worked per
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary	Non-managerial <input type="checkbox"/>	week if part-time:
						\$	Supervisory/Managerial <input type="checkbox"/>	
						If supervisory, number of employees you supervised:		

Summary of experience:

Specific reason for leaving:



Position Title:										Immediate Supervisor Name:										Full-Time		<input type="checkbox"/>
Employer:										Title:										Part-Time		<input type="checkbox"/>
Mailing Address:																				Summer		<input type="checkbox"/>
City & State/ZIP:										Supervisor's Telephone No.:										Temp/Project		<input type="checkbox"/>
Employer's Telephone No.: AC (      )																				Give average #		
Starting Date			Leaving Date			Current/		Technical		<input type="checkbox"/>	AC (      )		If supervisory, number of employees you supervised:		of hours worked per week if part-time:							
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary		Non-managerial		<input type="checkbox"/>												
						\$		Supervisory/Managerial		<input type="checkbox"/>												
Summary of experience:																						
Specific reason for leaving:																						

Position Title:										Immediate Supervisor Name:										Full-Time		<input type="checkbox"/>
Employer:										Title:										Part-Time		<input type="checkbox"/>
Mailing Address:																				Summer		<input type="checkbox"/>
City & State/ZIP:										Supervisor's Telephone No.:										Temp/Project		<input type="checkbox"/>
Employer's Telephone No.: AC (      )																				Give average #		
Starting Date			Leaving Date			Current/		Technical		<input type="checkbox"/>	AC (      )		If supervisory, number of employees you supervised:		of hours worked per week if part-time:							
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary		Non-managerial		<input type="checkbox"/>												
						\$		Supervisory/Managerial		<input type="checkbox"/>												
Summary of experience:																						
Specific reason for leaving:																						

Position Title:										Immediate Supervisor Name:										Full-Time		<input type="checkbox"/>
Employer:										Title:										Part-Time		<input type="checkbox"/>
Mailing Address:																				Summer		<input type="checkbox"/>
City & State/ZIP:										Supervisor's Telephone No.:										Temp/Project		<input type="checkbox"/>
Employer's Telephone No.: AC (      )																				Give average #		
Starting Date			Leaving Date			Current/		Technical		<input type="checkbox"/>	AC (      )		If supervisory, number of employees you supervised:		of hours worked per week if part-time:							
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary		Non-managerial		<input type="checkbox"/>												
						\$		Supervisory/Managerial		<input type="checkbox"/>												
Summary of experience:																						
Specific reason for leaving:																						

## VETERAN'S STATUS REPORTING FORM

In accordance with Senate Bill 646, 74th Legislature, the following information is being requested. An employment preference may be extended to qualified veterans, surviving spouses, and orphans in the event there are two or more individuals equally qualified and competent for a position.

Place an "X" next to the appropriate statement:

\_\_\_\_\_ (V) I am a veteran qualified for a veteran's preference. I have served in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States, or in an auxiliary service of one of those branches (women's military unit, i.e., WAF, WAC, WM and WAV). As a veteran I was honorably discharged and (a) served for not less than 90 consecutive days during a national emergency (from 1933 to present) **or** (b) was discharged for an established service-connected disability.

*If a qualified veteran, please complete the following:*

Branch of Service: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ (W) I am the surviving spouse of a veteran and have not remarried. My spouse died while on active duty.

\_\_\_\_\_ (O) I am the orphan of a veteran. My mother or father (natural or adoptive) died while on active duty.

\_\_\_\_\_ (Y) I am a veteran but do not qualify for a veteran's preference. (A veteran is defined as an individual who served in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States or in an auxiliary service of one of those branches).

\_\_\_\_\_ (N) I am not a veteran and am not eligible for a veteran's preference.

Individuals receiving a veteran's preference must, upon request, provide official documentation of their eligibility for the preference (i.e. Form DD-214, Form DD-1300, marriage certificate, birth certificate). Falsification of information may result in termination or be grounds for refusal to hire.

NAME (please print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

POSTING NUMBER (if applicable): \_\_\_\_\_

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Sections 552.021, 552.023, 559.003, and 559.004.)